

Volunteer Handbook



Quality People Providing Quality Service



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Columbus, GA 31906
706-225-4640

www.columbusga.org
www.columbusga.org/parks/

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Columbus Parks & Recreation Staff

ADMINISTRATIVE STAFF

Holli Browder	Director	(706) 225-4658
Becky Glisson	Deputy Director	(706) 225-4658
Lauren Vance	Finance Manger	(706) 225-4658
Tommy Groce	Park Services Division Manager	(706) 225-4190
Teresa Snellings	Recreation Services Division Manager	(706) 225-3046
Patty Glaser	Employment Coordinator	(706) 225-4658
Pamela Lee	Community Schools District Supervisor	(706) 225-4652

RECREATION CENTER DIRECTORS

	29 th Street Recreation Center	(706) 322-0418
Melinda Hull	Britt David Pottery Studio	(706) 653-4196
Bryant McKissic	Boxwood Recreation Center	(706) 653-4515
	Carver Park Recreation Center	(706) 568-4822
Mark Ruzeski	Cooper Creek Tennis Center	(706) 317-4186
Christelle Johnson	Edgewood Senior Center	(706) 317-4251
Sharon Calhoun	Fluellen Recreation Center	(706) 327-4142
Cathy Dean	Fox Senior Center	(706) 225-4653
Tim Marshall	Frank Chester Recreation Center	(706) 685-8016
Joy Hendrix	Frank Chester Senior Center	(706) 653-4964
Kerri Brown	Gallops Senior Center	(706) 653-4193
Rick Carrillo	Haygood Boxing Gym	(706) 322-7051
Angela DeNamur	Lake Oliver Marina	(706) 653-4634
Deb Wise	Ma Rainey House	(706) 653-4960
Samuel Manning	Northside Recreation Center	(706) 576-5475
Shajra Thrasher	Pop Austin Recreation Center	(706) 323-8707
Vickey Williams	Psalmnd Road Recreation Center	(706) 565-6060
Sharon Hunter	Shirley Winston Recreation Center	(706) 653-4958



COLUMBUS PARKS & RECREATION

Columbus Parks and Recreation Mission Statement

The mission of the Columbus Parks and Recreation Department is to enhance the quality of life for all citizens of this community by providing passive and active recreational, educational, and cultural programming services for all age groups. It is our objective to provide parks and recreation facilities that are safe, accessible, and aesthetically pleasing to the entire community.

Volunteer Program Mission Statement

The mission of the Columbus Parks and Recreation Volunteer Program is to actively have the participation of the citizens in the community and to enhance the quality of life for citizens and visitors by providing excellent parks, recreation, and leisure services.

Purpose of the Volunteer Program

The Volunteer Services Program seeks to provide a capable, trained, motivated, dependable voluntary work force, acceptable to staff, to augment the work of the staff. Volunteers enable the Parks and Recreation staff to provide the best possible service to the public.

Emphasis is placed on attracting the most qualified candidates and retaining them, thus capitalizing on efficient use of staff time required for training, supervising, as well as assuring continuity of workflow.

The program is instrumental in linking a valuable community resource -the citizens - with a valuable community institution - the Columbus Parks and Recreation Department - for the benefit, growth, and enrichment of both.

The volunteer program exists for the benefit of the Columbus Parks and Recreation Department and to facilitate achievement of the mission of Columbus Parks and Recreation in a mutually beneficial relationship.



Dear Volunteer,

I would like to welcome you to the volunteer program of the Columbus Parks and Recreation Department. We are excited about your interest in our Volunteer Program and hope you will enjoy being involved in our community. The opportunities are endless for you to assist us in the delivery of Parks and Recreation programs to all Columbus citizens. Committed volunteers increase the quality of our programs and represent a willingness to improve our community now and in the future. Volunteers are a key to the success of many park programs. You have chosen to help us by donating your time and skills to the Columbus Parks and Recreation Department. We value your offer of support and will endeavour to make your time with us both challenging and rewarding. Without the support of our volunteers, the Parks and Recreation Department would not be as well regarded or effective as it is. This handbook will hopefully make you knowledgeable about the Parks and Recreation Department and answer most of the questions you may have concerning our department.

Again, I would like to thank you.

Sincerely,

Holli Browder
Parks and Recreation Director



Volunteer/Staff Relations

Volunteers are valuable supplements to department staff. Volunteers and staff are considered to be partners in implementing the mission and programs of Columbus Parks and Recreation, with each having an equal but balancing role to play.

Volunteer Opportunities

Columbus Parks and Recreation has a multitude of volunteer opportunities that fit a variety of skills and interests. Some activities are regular and on-going while others are one-time events where you can volunteer for a few hours.

Park Facilities

The Columbus Parks & Recreation Department is responsible for operations and maintenance of the following parks and recreation facilities:

29 th Street Recreation Center	501 29 th Street
Anderson Village Park	3920 Middle Avenue Park
Ardahlia Mac Recreation Center	1306 W. Lindsey Drive
Belvedere Park	726 Parkwood Drive
Benning Hills Park	101 Patton Drive
Bibb Soccer Field	403 42 nd Street
Boxwood Park	1101 Morris Road
Britt David Park	5560 Armour Road
Britt David Pottery Studio	2700 W. Britt David Road
Carver Park Recreation Center	6665 Hunter Road
Charlie Hill Park	4924 11 th Avenue
Chattahoochee Promenade	190 5 th Street
Community School	3720 5 th Avenue
Cooper Creek	4816 Milgen Road
Crystal Valley	6250 Crystal Drive
Dinglewood	1660 13 th Street
Double Churches Park	2300 Double Churches Road
Edgewood Park	1501 Morris Road
Edgewood Senior Center	2630 Reese Road
Ewart Park	909 Ewart Avenue
Fall Line Trace-Talbotton Road	1401 Talbotton Road
Fall Line Trace-Manchester Expressway	3690 Manchester Expressway
Flat Rock Park	6106 Warm Springs Road
Fluellen Recreation Center	2824 8 th Street

Fox Senior Center	3720 5 th Avenue
Frank Chester Recreation Center	1441 Benning Drive
Frank Chester Senior Center	1441 Benning Drive
Gallops Senior Center	1212 15 th Street
Haygood Boxing Gym	601 11 th Street Bldg. B
Heath Park	5845 Datchet Lane
Hemlock Park	15 Popular Street
Heritage Park	700 Front Avenue
Lakebottom Park	1505 Cherokee Avenue
Lake Oliver Marina	5501 River Road
Little Wildwood Park	22 Forest Avenue
Ma Rainey House	805 5 th Avenue
Northside Recreation Center	2010 American Way
Old Dominion Park	5614 Old Dominion Road
Pop Austin Recreation Center	1301 Alexander Road
Plez Johnson Playground	4001 Hemlock Drive
Primus King Park	4715 Old Cusseta Road
Psalmnd Road Recreation Supercenter	6550 Psalmnd Road
Rigdon Park	1600 Howe Avenue
Riverwalk	601 Front Avenue
Roadside Park	1824 Victory Drive
Rosehill Heights Park	3300 Hamilton Road
Rotary Park	1808 Victory Drive
Sherwood Park	4700 16 th Street
Shirley Winston Recreation Supercenter	5025 Steam Mill Road
Theo McGee Park	1140 Martin L. King Blvd
Tillis Park	1212 15 th Street
Williamsburg Park	6220 Williamsburg Drive
Woodruff Farm Soccer Complex	3547 Woodruff Farm Road
Woodruff Park	3808 Rosemont Drive

What is a volunteer?

A volunteer is anyone who without compensation or expectation of compensation beyond reimbursement performs a task at the direction of and on behalf of an agency. A volunteer must be officially accepted and enrolled by the agency prior to performance of the task.

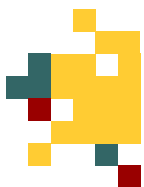
Volunteer Rights and Responsibilities:

Some of the many assets when volunteering are:

- To do meaningful and satisfying work.
- To be carefully assigned to projects which meet your interests and needs.
- To be oriented to the agency – its mission, goals, staff, activities, and policies.
- To be trained appropriately for your work.
- To receive supervision and guidance throughout your community service experience.
- To show initiative and leadership.
- To voice your opinion and have input into program planning and implementation.
- To be treated as a co-worker.
- To have your service hours documented (certificate or letter) upon request.

As a volunteer you have the right to:

- To do meaningful and satisfying work.
- To be carefully assigned to projects which meet your interests and needs.
- To be oriented to the agency – its mission, goals, staff, activities, and policies.
- To be trained appropriately for your work.
- To receive supervision and guidance throughout your community service experience.
- To show initiative and leadership.
- To voice your opinion and have input into program planning and implementation.
- To be treated as a co-worker.
- To have your service hours documented (certificate or letter) upon request.



POLICIES AND PROCEDURES

Working Environment

Columbus Parks and Recreation endeavors to promote a comfortable and productive working environment for all volunteers. In keeping with this policy, sexual, racial, religious, ethnic, or other kinds of harassment of volunteers is a violation of Parks and Recreation policy and will not be tolerated. We expect volunteers to treat each other, those we work with, and Parks and Recreation staff with respect. Please let us know if you experience any difficulties.

All volunteer policies are administered without discrimination on the basis of race, color, religion, sex, national origin, age, disability, marital status, or sexual orientation.

Age Policy

Volunteers who have not reached the age of 18 must have written consent of a parent or legal guardian before being assigned to any volunteer services. Students volunteering for service learning credit hours for their high school must submit their high school name and contact information before being assigned to any volunteer services.

Dress Code

You are a representative of Columbus Parks and Recreation; therefore, you are responsible for presenting a good professional presentation. All volunteers shall dress, behave, and use appropriate language for the conditions and performance of their duties.

Insurance/Liability

Volunteers will indemnify and save harmless the City; its officers, agents and employees from and against any and all loss, cost, damages, expenses and liability of any kind and description caused by accident or other occurrence resulting in bodily injury, including death, sickness, and disease to any person arising directly or indirectly from service to Parks and Recreation as a volunteer.

Volunteer Hours

When you arrive, document the time you arrived by signing-in and when you are done for the day sign-out so that we can keep track of your volunteer hours. Please ask your supervisor what procedure you are to use as it varies from program to program.

Absenteeism

Volunteers are expected to show up for their scheduled shifts on time. A volunteer is expected to inform his/her program supervisor in advance if they are going to be absent from a scheduled shift.

Dismissal of a Volunteer

Dismissal of a volunteer is a serious consideration. In an effort to reach a resolution a meeting between staff, the volunteer, and the Director of Parks and Recreation will occur before dismissal. Dismissal of a volunteer may take place if a volunteer is unreliable, irresponsible, disruptive, demonstrating inappropriate behavior, or failing to adhere to the policies and procedures of Parks and Recreation and its programs.

Volunteer Recognition

An annual volunteer recognition event will be held to highlight and reward the contributions of volunteers to the City of Columbus Parks and Recreation Department.

Resignation

Volunteers may resign from their volunteer services at any time. It is requested that volunteers who intend to resign provide advanced notice of their departure along with their departure date and a reason for their decision.

Smoking

It is the policy of the Parks and Recreation to have and provide a smoke-free, healthy, and safe work environment. Therefore, smoking is prohibited in Parks and Recreation facilities. Volunteers who smoke must do so only in designated smoking areas.

Drug Free Workplace

Parks and Recreation is committed to providing an environment that is safe. Staff and volunteers are role models for persons using the program's services. Parks and Recreation endorses the philosophy that the workplace should be free from the detrimental effects of alcohol and/or illegal drugs. There will be no differentiation between someone who illegally uses drugs and someone who sells or distributes drugs. Being under the influence of alcohol and/or drugs is prohibited and is cause for disciplinary action, up to and including termination.

Solicitation

Volunteers may not solicit or distribute literature during work hours.

Sexual Harassment

No volunteer should experience unwelcome sexual suggestions from any employee or volunteer. Any incidents of this nature should be reported immediately to the Employment Coordinator/EEOC Counselor.

Criminal Background Check

It is the policy of Columbus Parks and Recreation Department that all volunteers who provide direct service undergo a background check. Direct service is defined as leading activity programs, providing instruction, supporting special events, leading trips and tours and/or facilitating the involvement of participants. A volunteer will be fingerprinted and undergo a background check. A satisfactory result is required before the volunteer can begin an assignment. All volunteers will be drug-tested. A current photo ID is required from all volunteer applicants.

Confidentiality

Volunteers are responsible for maintaining confidentiality of all confidential or privileged information and documents to which they have access while serving as volunteers. Volunteers will not be placed in situations where they may have access to confidential personnel and/or financial records.

RSVP Volunteer Information

Grievance procedure:

If a volunteer is unsatisfied with any action of an agency to which he or she is assigned, including involuntary separation from service, he or she may meet with RSVP staff (and agency staff as needed) to clarify reasons, resolve conflicts, or find an alternate assignment.

If a volunteer disagrees with any action of the RSVP office, he or she may appeal to the RSVP Director in writing within 30 days, stating his or her reasons. If the volunteer is unsatisfied with the RSVP Director's response, the volunteer may bring that concern to the Chair of the RSVP Advisory Council within 30 days, for discussion and direction by the Council. The volunteer will receive a written response from the RSVP Advisory Council within 60 days outlining the Council's findings and any remedial actions taken.

Prohibited Activities

Prohibited volunteer activities

Due to federal grant guidelines, RSVP members cannot perform the following activities as a part of their RSVP service:

- Give religious instruction, conduct worship services, or engage in Proselytizing.
- Assist with electoral activities, voter registration, and transportation to polls or efforts to influence legislation.
- Engage in activities that displace paid workers.
- Accept money or donations from their service recipients or relatives and friends of service recipients.

VOLUNTEER CANDIDATE: THIS FORM MUST BE COMPLETED FIRST

Conditional Offer of Volunteering Form

The Columbus Department of Parks and Recreation makes a contingent volunteering offer based upon successful completion of the following: a drug screening, criminal background investigation, and fingerprint check.

This contingent volunteering offer is subject to withdrawal if business conditions change, if any portion of volunteer process is incomplete or inaccurate, or if it is in the best interest of the Columbus Consolidated Government and the Parks and Recreation Department to do so.

I have read and understand the above Conditional Offer of Volunteering.

Candidate Name (Please Print)

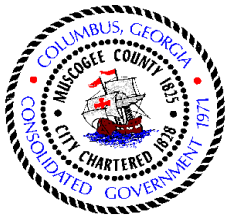
Candidate Signature

Date

Department Representative

Parks and Recreation
Department Name

Parks & Recreation: Created 5/20/201



COLUMBUS CONSOLIDATED GOVERNMENT
HUMAN RESOURCES DEPARTMENT

Post Office Box 1340 • Columbus, Georgia 31902-1340
(706) 653-4059

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

As a condition of employment, I hereby agree to be fingerprinted in such form and of such quality as shall be acceptable for submission to the National Crime Information Center and I authorize a national criminal record check. Also, I hereby authorize any Officer, authorized representative of the City of Columbus, Human Resources Department or other designed representatives, bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, driving and educational records (including, but not limited to: academic achievement, attendance, athletic, personal history and disciplinary records): medical records, motor vehicle records and credit records. Further authorization is extended to all Police Departments, Sheriff's Departments, Juvenile Courts and Clerk of Courts, to furnish the bearer with information, reprints, photographs and any other records containing information relating to criminal history or activity. I hereby authorize you to release such information upon request of bearer.

I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer report agency, including its officers, employees, or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any/all information in lieu of the original which remains on file with the investigating agency. This Authority To Release Information is a continuous condition of my employment and I give consent to the Columbus Consolidated Government to perform periodic criminal history background checks for the duration of my employment with the Columbus Consolidated Government or until such consent is revoked by me in writing. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Signature) _____

Full Name (Typed or Printed Name) _____

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Parent or Guardian Signature _____
(Required if applicant is under 18 years old)

Current Address _____

Telephone Number _____

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions or in my attached application will be rejected, or if already employed, my employment may be terminated. If I elect to begin work prior to the return of my national criminal record check, I understand that my employment may be terminated based upon the content of that report. I also understand that failure to answer each question will cause my application to be disqualified.

Date _____ Signature of Applicant _____

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Employee Signature

Date

Department Document



**Columbus, Georgia
Parks and Recreation Department**

Volunteer Enrollment Form

Please provide a current photo ID when submitting your application.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home _____ Cell: _____ E-Mail: _____

Parent or Guardian Information: (Required if volunteer is under 18)

Name: _____ Phone: _____

In case of emergency:

Name: _____ Phone: _____ Relationship: _____

Do you have any relevant skills, training, or experience that would benefit you as a volunteer?

How did you learn about volunteer opportunities with Columbus Parks and Recreation?

Have you ever worked for Columbus Parks and Recreation? ____ Yes ____ No

If yes, where and when did you work? _____

Do you have any family members that work for Columbus Parks and Recreation?

____ No ____ Yes Who and what is the relationship? _____

Are you volunteering for high school required volunteer service? _____

If yes, please provide the name of the High School and your volunteer advisor:

High School _____

Volunteer Advisor _____

Availability

When are you available to volunteer? (Check all that apply)

	Mornings	Afternoons	Evenings
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How often would you like to volunteer?

_____ Three or more times a week

_____ Once or twice a week

_____ Once every two weeks

_____ Periodically as needed

I certify that the information stated on this application is true and correct to the best of my knowledge and is made in good faith. Any false statements made by me may be used as a rejection of this application.

Signature _____ Date _____

APPROVAL OF MINOR AS VOLUNTEER

Applicant Name _____

Are you under 18 years of age? ____ Yes ____ No

If yes, a parent or guardian's signature is required.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date: _____



Columbus, Georgia
Parks and Recreation Department
Volunteer Agreement

PLEASE PRINT

Name _____

I hereby volunteer my services to the Columbus Parks and Recreation Department. I agree to abide by all relevant Department policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the description of service.

I shall indemnify and hold harmless the City, its officers, employees, and designees from and against claims, damages, losses or expenses arising out of participation as a volunteer. I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the Department and the Volunteer. The Department shall not be responsible for, or liable for, nor shall the applicant be eligible to receive any compensation or benefits as a result of this Agreement.

Volunteer Signature

Date

Parent/Guardian's Signature
(Required if volunteer is under 18 years of age)

Date

Emergency Notification Information

Name

Relationship

Emergency Number



Acknowledgment of Volunteer Handbook

I have received a copy of the Volunteer Handbook, which outlines the policies and procedures of the Columbus Parks and Recreation Department in effect at the date of this publication. I have read and understand the information in it and agree to abide by the policies during my volunteering. I understand that it is my responsibility to secure information from my program supervisor if I have any questions or concerns about any of the information outlined in this handbook. I understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time and at the sole discretion of the Department with or without notice.

Name (please print) _____

Signature _____

Work Area or Site _____

Date _____



Volunteer Time Sheet

Name _____ Date _____

Location _____ Supervisor _____

DATE	TIME IN	TIME OUT	TOTAL TIME	SUPERVISOR SIGNATURE

Time Sheet Total Hours _____

Supervisor Signature _____